

Testimony from Deborah L. Arslan RDH, B.S.

**Testimony to the Connecticut General Assembly, Public Health  
Committee**

**In Support of**

**Proposed H.B. No. 5630**

**AN ACT CONCERNING THE ESTABLISHMENT OF LICENSURE FOR AN  
ADVANCED DENTAL HYGIENE PRACTITIONER**

March 16, 2009

Sen. Harris, Rep. Ritter and member of the Committee:

My name is Deborah L. Arslan. I am a licensed, registered dental hygienist practicing in Connecticut and Massachusetts for over 30 years. As a resident of Enfield, CT and an employee of Hartford Public Schools (HPS) Dental Program, I am representing the town I live in and the children I serve in Hartford. I support Raised Bill 5630, an act concerning the establishment of Licensure for an Advanced Dental Hygiene Practitioner.

As a practicing dental hygienist with over 30 years of experience in both private and public health, I am uniquely qualified to testify to the disparities in the access to care problem that exists in the underserved populations. In the early 1900's Hartford Public Schools was the first school district in the Nation to offer dental hygiene services and in the mid 1970's services were expanded to include Comprehensive care. Examples of the clear impact of school-based comprehensive dental services were demonstrated at the Betances Elementary School Dental Clinic, which saw the decay rate dropped by 21 percent in the clinic's first year of operation. In the first two years of operation the Sanchez School Dental Clinic saw the number of children needing immediate, urgent dental care decreased by 67 percent. Despite these strides, the services rendered in the current program cannot meet the dental needs of the underserved population of Hartford.

It is important to understand the link between oral health and overall health. It is well recognized that tooth decay and gum disease can result in severe pain, tooth loss, and costly replacement procedures. Effects of these diseases can reduce optimal physical health, reduces a child's readiness to learn, and contributes to absences from school as well as unnecessary emergency room visits. The U.S. Public Health Service has reported that more than half of U.S. children aged 5 to 17 years old have cavities and a fourth of these children--primarily low-income children from traditional underserved groups--incur 75 percent of these cavities. The demographic composition of Hartford school children places them at exceptionally high risk for dental decay. Even in the comprehensive school-based dental clinics in Hartford the dentists must prioritize the needs of the students by severity of disease. This means that children with less disease are often not receiving care as quickly as those with greater needs. Having a mid-level provider similar to the APRN model will bridge the gap in providing the oral health care the ADHP could perform in the expanded scope of practice. It is my personal opinion that the advanced dental hygiene Master's degree position will not detract from dentistry but would add a vital component in the resolution of the crisis in access to dental care.

I cannot emphasize enough the importance and cost effective way this position would help in addressing the access to care for the underserved in CT.

Thank you for your time and consideration in this matter.



I may be reached for further discussion at

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